

REMITTANCE ADVICE

P O BOX 942850, SACRAMENTO, CA 94250-0001

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

ALAMEDA COUNTY TREASURER

1221 OAK ST

OAKLAND

CA 94612

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	5,837,450.83
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Mental Health Service apportionment amount total verification for current period	163,161,609.03
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Gross Claim	\$5,837,450.83
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Net Claim / Payment Amount	\$5,837,450.83
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YTD Amount: **\$44,212,365.82**

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE

CA 96120

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	148,818.07
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$148,818.07
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Net Claim / Payment Amount	\$148,818.07
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YTD Amount:	\$1,127,135.67
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For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

AMADOR COUNTY TREASURER

810 COURT ST

JACKSON

CA 95642

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	267,880.36
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$267,880.36
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Net Claim / Payment Amount	\$267,880.36
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YTD Amount:	\$2,028,903.51
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

BERKELEY CITY TREASURER
2180 MILVIA STREET 2ND FLOOR

BERKELEY

CA 94704

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	494,606.47
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$494,606.47
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Net Claim / Payment Amount	\$494,606.47
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YTD Amount:	\$3,746,108.17
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

BUTTE COUNTY TREASURER

25 COUNTY CENTER DR

OROVILLE

CA 95965

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 954,769.52

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$954,769.52**

Net Claim / Payment Amount **\$954,769.52**

YTD Amount: **\$7,231,344.75**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS

CA 95249

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	289,654.28
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$289,654.28
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Net Claim / Payment Amount	\$289,654.28
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YTD Amount:	\$2,193,817.35
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For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

COLUSA COUNTY TREASURER

546 JAY ST

COLUSA

CA 95932

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	241,203.44
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$241,203.44
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Net Claim / Payment Amount	\$241,203.44
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YTD Amount:	\$1,826,854.71
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

CONTRA COSTA COUNTY TREASURER

625 COURT ST RM 102

MARTINEZ

CA 94553

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	3,708,131.47
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$3,708,131.47
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Net Claim / Payment Amount	\$3,708,131.47
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YTD Amount:	\$28,085,078.51
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY

CA 95531

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 253,889.25

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$253,889.25**

Net Claim / Payment Amount **\$253,889.25**

YTD Amount: **\$1,922,936.02**

For assistance, please call: John Bodolay at (916) 323-2154

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

EL DORADO COUNTY TREASURER

360 FAIR LN

PLACERVILLE

CA 95667

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 663,575.00

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$663,575.00**

Net Claim / Payment Amount **\$663,575.00**

YTD Amount: **\$5,025,861.71**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	4,015,124.93
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$4,015,124.93
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Net Claim / Payment Amount	\$4,015,124.93
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YTD Amount:	\$30,410,221.38
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS

CA 95988

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	255,261.44
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$255,261.44
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Net Claim / Payment Amount	\$255,261.44
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YTD Amount:	\$1,933,328.87
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

HUMBOLDT COUNTY TREASURER

825 FIFTH ST RM 125

EUREKA

CA 95501

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 588,864.93

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$588,864.93**

Net Claim / Payment Amount **\$588,864.93**

YTD Amount: **\$4,460,013.88**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

IMPERIAL COUNTY TREASURER

940 WEST MAIN ST

EL CENTRO

CA 92243 2863

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 811,255.84

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$811,255.84**

Net Claim / Payment Amount **\$811,255.84**

YTD Amount: **\$6,144,384.06**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

INYO COUNTY TREASURER

PO BOX O

INDEPENDENCE

CA 93526

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	172,166.50
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$172,166.50
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Net Claim / Payment Amount	\$172,166.50
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YTD Amount:	\$1,303,974.70
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO

CA 95798 1240

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,465,221.36

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$3,465,221.36**

Net Claim / Payment Amount **\$3,465,221.36**

YTD Amount: **\$26,245,297.58**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 681,700.62

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$681,700.62**

Net Claim / Payment Amount **\$681,700.62**

YTD Amount: **\$5,163,143.67**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT

CA 95453

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	337,738.00
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$337,738.00
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Net Claim / Payment Amount	\$337,738.00
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YTD Amount:	\$2,557,999.48
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE

CA 96130

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	254,290.63
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$254,290.63
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Net Claim / Payment Amount	\$254,290.63
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YTD Amount:	\$1,925,976.02
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	46,610,290.37
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$46,610,290.37
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Net Claim / Payment Amount	\$46,610,290.37
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YTD Amount:	\$353,022,452.48
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	713,985.41
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$713,985.41
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Net Claim / Payment Amount	\$713,985.41
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YTD Amount:	\$5,407,665.96
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MARIN COUNTY TREASURER

PO BOX 4220
CIVIC CENTER
SAN RAFAEL

CA 94913

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	924,977.85
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$924,977.85
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Net Claim / Payment Amount	\$924,977.85
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YTD Amount:	\$7,005,705.08
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA

CA 95338

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	173,488.11
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$173,488.11
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Net Claim / Payment Amount	\$173,488.11
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YTD Amount:	\$1,313,984.46
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH

CA 95482

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	410,891.51
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$410,891.51
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Net Claim / Payment Amount	\$410,891.51
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YTD Amount:	\$3,112,058.04
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MERCED COUNTY TREASURER

PO BOX 981311

WEST SACRAMENTO

CA 95798 1311

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,201,344.24
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,201,344.24
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Net Claim / Payment Amount	\$1,201,344.24
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YTD Amount:	\$9,098,881.11
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS

CA 96101

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	161,789.42
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$161,789.42
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Net Claim / Payment Amount	\$161,789.42
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YTD Amount:	\$1,225,379.57
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MONO COUNTY TREASURER

PO BOX 495

BRIDGEPORT

CA 93517

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	168,735.21
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$168,735.21
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Net Claim / Payment Amount	\$168,735.21
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YTD Amount:	\$1,277,986.40
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For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO

CA 95812 1406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,913,454.93
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,913,454.93
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Net Claim / Payment Amount	\$1,913,454.93
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YTD Amount:	\$14,492,348.06
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For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

NAPA COUNTY TREASURER

1195 THIRD ST RM 108

NAPA

CA 94559 3035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	549,701.25
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$549,701.25
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Net Claim / Payment Amount	\$549,701.25
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YTD Amount:	\$4,163,391.42
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY

CA 95959

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	449,919.77
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$449,919.77
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Net Claim / Payment Amount	\$449,919.77
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YTD Amount:	\$3,407,654.80
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO

CA 95798 1024

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	13,263,620.94
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$13,263,620.94
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Net Claim / Payment Amount	\$13,263,620.94
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YTD Amount:	\$100,457,558.92
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

PLACER COUNTY TREASURER

2976 Richardson Dr.

Auburn

CA 95603

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,114,080.52
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,114,080.52
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Net Claim / Payment Amount	\$1,114,080.52
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YTD Amount:	\$8,437,952.95
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY

CA 95971

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	233,720.85
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$233,720.85
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Net Claim / Payment Amount	\$233,720.85
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YTD Amount:	\$1,770,182.21
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO

CA 95812 4035

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	8,507,399.67
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$8,507,399.67
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Net Claim / Payment Amount	\$8,507,399.67
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YTD Amount:	\$64,434,335.65
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO

CA 95798 0264

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 5,243,648.63

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$5,243,648.63**

Net Claim / Payment Amount **\$5,243,648.63**

YTD Amount: **\$39,714,957.47**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN BENITO COUNTY TREASURER

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER

CA 95023

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	326,173.11
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$326,173.11
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Net Claim / Payment Amount	\$326,173.11
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YTD Amount:	\$2,470,407.94
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN BERNARDINO CO TREASURER

PO BOX 1859

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 8,610,746.23

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$8,610,746.23**

Net Claim / Payment Amount **\$8,610,746.23**

YTD Amount: **\$65,217,073.88**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO

CA 95798 0304

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	13,372,407.31
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$13,372,407.31
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Net Claim / Payment Amount	\$13,372,407.31
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YTD Amount:	\$101,281,497.83
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

CA 95814 2920

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	3,029,426.49
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$3,029,426.49
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Net Claim / Payment Amount	\$3,029,426.49
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YTD Amount:	\$22,944,623.60
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For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO

CA 95798 1355

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	2,756,274.38
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$2,756,274.38
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Net Claim / Payment Amount	\$2,756,274.38
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YTD Amount:	\$20,875,792.28
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN LUIS OBISPO COUNTY TREASURER

PO BOX 1149

SAN LUIS OBISPO

CA 93406

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,111,771.78
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,111,771.78
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Net Claim / Payment Amount	\$1,111,771.78
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YTD Amount:	\$8,420,466.76
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

Sacramento

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,662,368.34

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$2,662,368.34**

Net Claim / Payment Amount **\$2,662,368.34**

YTD Amount: **\$20,164,555.82**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SANTA BARBARA COUNTY TREASURER

PO BOX 579

SANTA BARBARA

CA 93102

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,895,110.67
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,895,110.67
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Net Claim / Payment Amount	\$1,895,110.67
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YTD Amount:	\$14,353,410.15
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SANTA CLARA CO TREASURER

PO BOX 1406

SACRAMENTO

CA 95812

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	7,499,945.26
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$7,499,945.26
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Net Claim / Payment Amount	\$7,499,945.26
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YTD Amount:	\$56,803,959.95
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For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SANTA CRUZ COUNTY TREASURER

PO BOX 1817

SANTA CRUZ

CA 95061

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,204,406.79
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,204,406.79
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Net Claim / Payment Amount	\$1,204,406.79
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YTD Amount:	\$9,122,076.57
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO

CA 95812 1859

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	792,092.51
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$792,092.51
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Net Claim / Payment Amount	\$792,092.51
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YTD Amount:	\$5,999,242.59
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE

CA 95936 0376

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	152,032.36
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$152,032.36
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Net Claim / Payment Amount	\$152,032.36
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YTD Amount:	\$1,151,480.40
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA

CA 96097

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	282,591.01
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$282,591.01
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Net Claim / Payment Amount	\$282,591.01
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YTD Amount:	\$2,140,320.76
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SOLANO COUNTY T TC

675 TEXAS ST STE 1900

FAIRFIELD

CA 94533 6337

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 1,651,531.60

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$1,651,531.60**

Net Claim / Payment Amount **\$1,651,531.60**

YTD Amount: **\$12,508,562.59**

For assistance, please call: John Bodolay at (916) 323-2154

7/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO

CA 95812 1204

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,855,664.72
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,855,664.72
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Net Claim / Payment Amount	\$1,855,664.72
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YTD Amount:	\$14,054,649.84
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For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO

CA 95353 3052

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 2,103,277.14

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$2,103,277.14**

Net Claim / Payment Amount **\$2,103,277.14**

YTD Amount: **\$15,930,045.68**

For assistance, please call: John Bodolay at (916) 323-2154

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY

CA 95992

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 780,008.76

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$780,008.76**

Net Claim / Payment Amount **\$780,008.76**

YTD Amount: **\$5,907,721.27**

For assistance, please call: John Bodolay at (916) 323-2154

7/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF

CA 96080

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	327,377.24
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$327,377.24
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Net Claim / Payment Amount	\$327,377.24
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YTD Amount:	\$2,479,527.94
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For assistance, please call: John Bodolay at (916) 323-2154

7/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

TRI CITY MENTAL HEALTH
2008 N GAREY AVENUE

POMONA

CA 91767

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	909,614.55
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$909,614.55
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Net Claim / Payment Amount	\$909,614.55
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YTD Amount:	\$6,889,344.75
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For assistance, please call: John Bodolay at (916) 323-2154

7/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

TRINITY CO TREASURER

PO BOX 1297

WEAVERVILLE

CA 96093 1297

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	168,098.88
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$168,098.88
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Net Claim / Payment Amount	\$168,098.88
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YTD Amount:	\$1,273,166.90
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA

CA 93291

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	1,991,428.23
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$1,991,428.23
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Net Claim / Payment Amount	\$1,991,428.23
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YTD Amount:	\$15,082,911.34
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For assistance, please call: John Bodolay at (916) 323-2154

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

TUOLUMNE COUNTY TREASURER

2 SOUTH GREEN ST

SONORA

CA 95370

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	312,850.96
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$312,850.96
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Net Claim / Payment Amount	\$312,850.96
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YTD Amount:	\$2,369,507.11
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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO

CA 95798 0307

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 **To** 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period 3,397,189.49

Mental Health Service apportionment amount total verification for current period 163,161,609.03

Gross Claim **\$3,397,189.49**

Net Claim / Payment Amount **\$3,397,189.49**

YTD Amount: **\$25,730,029.91**

For assistance, please call: John Bodolay at (916) 323-2154

7/9/2014

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CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1300439A

PAYMENT ISSUE DATE: 07/15/2014

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND

CA 95695

Financial Activity

Additional Description:

Allocation of the Mental Health Services Fund apportionment funds per Welfare and Institutions Code Section 5891(c)

Mental Health Services Fund apportionment per AB1467

Fiscal Year: 2013

Collection Period: 06/01/2014 To 06/30/2014

Payment Calculations:

Mental health Services apportionment amount for current period	886,569.60
Mental Health Service apportionment amount total verification for current period	163,161,609.03

Gross Claim	\$886,569.60
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Net Claim / Payment Amount	\$886,569.60
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YTD Amount:	\$6,714,804.24
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